

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

FILED

OCT 22 2007

U.S. DISTRICT COURT  
DISTRICT OF DELAWAREAndre L. Jackson

Plaintiff

v.

1-Thomas Carroll (See Attached sheet)

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

- 0 7 - 6 6 3 -

CASE NUMBER:

I, Andre L. Jackson

declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant      • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? •  Yes      •  No      (If "No" go to Question 2)

If "YES" state the place of your incarceration See Attached sheet

Inmate Identification Number (Required): See Attached sheet

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? •  Yes      •  No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. N/A

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• <input type="checkbox"/> Yes	• <input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	• <input type="checkbox"/> Yes	• <input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	• <input type="checkbox"/> Yes	• <input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	• <input type="checkbox"/> Yes	• <input checked="" type="checkbox"/> No
e. Gifts or inheritances	• <input type="checkbox"/> Yes	• <input checked="" type="checkbox"/> No
f. Any other sources	• <input checked="" type="checkbox"/> Yes	• <input type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. Family (2) I do not know

Defendants - (1) Thomas Carroll  
(2) David Pierce  
(3) David Holman  
(4) Ronnie Drake  
(5) Carl Denberg  
(6) Bryan D. Andrews  
(7) Ramon Carter  
(8) Monica Watson  
(9) Madeline Lynch

4. Do you have any cash or checking or savings accounts? • Yes  No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • Yes  No

If "Yes" describe the property and state its value. N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable. N/A

I declare under penalty of perjury that the above information is true and correct.

10-16-07

DATE

Andre L. Jackson

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

TO: Andie Jackson SBI#: 045387  
FROM: Stacy Shane, Support Services Secretary  
RE: 6 Months Account Statement  
DATE: September 6, 2007

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*Attached are copies of your inmate account statement for the months of*  
March 1, 2007 *to* August 31, 2007

*The following indicates the average daily balances.*

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>March</u>	<u>41.34</u>
<u>April</u>	<u>19.77</u>
<u>May</u>	<u>1.76</u>
<u>June</u>	<u>0</u>
<u>July</u>	<u>0</u>
<u>Aug</u>	<u>0</u>

*Average daily balances/6 months:* 1048

*Attachments*

CC: *File*

*Stacy Shane*  
*9/6/07*

*Janette*  
*B. Day*  
*9/6/07*

## Individual Statement From March 2007 to August 2007

Date Printed: 9/6/2007

SB#	Last Name	First Name	MI	Suffix
00245387	Jackson	Andre	L	
Current Location:	INF			
				Comments:
				Beginning Month Balance: \$53.12
				Ending Month Balance: \$0.00

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	3/6/2007	(\$8.86)	\$0.00	\$0.00	\$44.26	398288			
Canteen	3/9/2007	(\$0.67)	\$0.00	\$0.00	\$43.59	398678			
Canteen	3/20/2007	(\$9.95)	\$0.00	\$0.00	\$33.64	402095			
Canteen	4/3/2007	(\$9.95)	\$0.00	\$0.00	\$23.69	409460			
Canteen	4/17/2007	(\$9.82)	\$0.00	\$0.00	\$13.87	415884			
Canteen	5/1/2007	(\$10.00)	\$0.00	\$0.00	\$3.87	421949			
Canteen	5/15/2007	(\$3.74)	\$0.00	\$0.00	\$0.13	427967			
Medical	5/18/2007	\$0.00	(\$4.00)	\$0.00	\$0.13	430306			
Medical	5/18/2007	(\$0.13)	(\$3.87)	\$0.00	\$0.00	430386			
Supplies-Mail/Posta	8/20/2007	\$0.00	(\$2.84)	\$0.00	\$0.00	474299			
								5/16/07	
								5/16/07	
								INDIGENT 8/14/07	

**Ending Month Balance:** **\$0.00**

Total Amount Currently on Medical Hold: (\$3,87)

Total Amount Currently on Account Held: \$0.00

1000 1000 1000 1000 1000 1000 1000 1000 1000 1000

Initial Amount Currently on Order #818: (\$2.84)



Clerk U.S. District Court  
Lock Box 68  
844 N. King Street  
Wilmington Delaware 19801

U.S.M.S.  
X-RAY

VM: Andre L. Jackson  
SBI# 245387 UNIT 17-C-L-7  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SPVERNIA, DELAWARE 19977